FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	Resettion		
COMMITTEE NAME (Must be same as on Statement of Organ	nization)	Nnn •	
Denton For County Attor	NO by	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for:	5	DR-2 DISCLOSURI	Ē
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate			
Subdivision Candidate (8) County PAC (9) City PAC (10) School B	oard or Other Political Subdivision PAC	For Office Use Only	
11) Local Ballot Issue		Comm. # 17242	
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Logged In S	_
Harold Denton	Democratic	Computer	
		Audited	
Office Sought Linn County Attorney			
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co	suant to lowa Code sections 68B.32A ommittee, is the individual responsible	(7) and 68A.401(3), the candidate, for a e for filing timely and accurate reports.	
Harold L Dente	710-170-4246	0 9.2/12	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	2 - 2/-/2 DATE SIGNED	
CIGNATURE OF ERGONTERNO REPORT	TECEI HORE	DATE SIGNED	
IAM FILING A	REPORT FOR (1) ELECTION	/(2)NON-ELECTION YEAR.	
(report date)	Indicate by		
☐CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.	V SECRETARIO COM CANADA	County & Local Committees, enter County in	Ĺ
(Four must continue to me reports until a DN-5 is med.	'	which Election is held	
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Tot committee. This amount MUST be the same as the coff the last reporting period or must be zero if this is fire.	ash on hand at the end		
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)		
Schedule F: Loans Received total (Attach Schedule I	=)		
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		
(Schedule H applies to Candidates' Comm	nittees Only)		
	SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		
Schedule F: Loan Repayments total (Attach Schedule	∍ F)		
CASH ON HAND at the end of this reporting period (if final repo	ort balance must be zero)	\$	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched		100 to	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule		•	
CONSULTANT BREAKDOWN (Schedule G Attached?)	- y	YESNO	
CANDIDATE COMMITTEES ONLY:		,, NO	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)	\$	

FOR INSTRUCTIONS, SEE BACK OF FORM

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

					a
19 10 17	446.4	ALC: U	S4/1/23	PARTER	
1	A 25 a	5 Ju	200		
34.5	34EA	Mark St	Section.	40.0	
			THE REAL PROPERTY.	THE RESERVE	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be s	same as on Statement of Organization)	j	
Denta	N For Cou	into Attorney		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/18/N	ID# CK#	Stluke's Health Care Foundation (child Interior (nt.) 855 A Ave Ni Suite 105 Codar Rapids IA 52402	Charitable Contribution to Close out the Committee Account.	\$ 2,241.12
	ID#			
	CK#			
-	ID#			20 30 3 60 3
	CK#	,		
	ID#			-
	CK#			
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	ID#		1.1.0.3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	
	CK#			
	ID#		,	
	CK#			
- 	-		SUB-TOTAL	\$ 2,141.12
			TOTAL (if last page of this schedule)	\$ 2,241.12

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on

Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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855 A AVENUE NE SUITE 105 CEDAR RAPIDS, IA 52402 (319) 369-7716 (319) 369-8822 FAX www.stlukescr.org

May 23, 2011

Receipt #61420

Harold L. Denton 1610 Linmar Drive, N.E. Cedar Rapids, IA 52402-3728

Dear Mr. Denton:

Thank you! We are extremely grateful to you for your recent gift of \$2,241.12 to the St. Luke's Child Protection Center. Your gift will help support our mission of improving the health of people in Eastern Iowa. All gifts to St. Luke's Hospital are recorded through the St. Luke's Health Care Foundation. Your gift will truly make a difference in the lives of our patients and their families.

Thank you again for your thoughtful gift. Your support is critical to St. Luke's mission, and we send our heartfelt thanks.

Sincerely,

Amy Johnson Boyle

Vice President

P.S. Since you received no goods or services in return for your contribution, your entire gift is tax deductible as provided by law. Please retain this letter for your records.

Hardd—
Thankyou 30 much for this
Very generous SiEf!